

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040771

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** HOMEDENT DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

11155 SEMINOLE BLVD.  
LARGO, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

11155 SEMINOLE BLVD.  
LARGO, FL 33778

**New Mailing Address:**

**FEI Number:** 57-1160586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRUCILLA E. BELL, P.A.  
830 4TH AVE NE  
LARGO, FL 337702315 US

**Name and Address of New Registered Agent:**

DANIEL F. JOHNSON, CPA  
31940 US HWY 19 N.  
PALM HARBOR, FL 34684 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL F. JOHNSON

01/07/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ABOUELMAGED, TAMAR  
Address: 7780 75TH WAY N  
City-St-Zip: PINELLAS PARK, FL 33781

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMER ABOUELMAGED

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date